

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023603

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

146 3-026 308  
FILED JUL 5 1962

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN INDEPENDENCE

Length of stay in lb  
35 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION D.O.A. INDEP. SAN. & HOSP.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN INDEPENDENCE

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
16809 JAMES DOWNEY RD.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Harold Edgar Perkins

4. DATE OF DEATH  
Month Day Year  
June 21 1962

5. SEX  
MALE

6. COLOR OR RACE  
WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
12-24-1906

9. AGE (last birthday) 55  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY  
BEE LINE TRANSFER

11. BIRTHPLACE (City and state or country)  
HARRISONVILLE, MO.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME  
CHARLES E. PERKINS

13b. MOTHER'S MAIDEN NAME  
ETHEL COLDSMITH

14. NAME OF HUSBAND OR WIFE  
OPAL MILDRED PERKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
NO NO

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Opal M. Perkins, 16809 James Downey Rd. Indep

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Coronary Occlusion*

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

*Pain in Chest & Both Arms*

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased, from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE  
6-25-62

23c. NAME OF CEMETERY OR CREMATORY  
FLORAL HILLS CEMETERY

23d. LOCATION (City, town, or county)  
KANSAS CITY, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

GEO. C. CARSON & SONS FUNERAL HOME, INC.

6-23-62

Alba L. Craig

INDEPENDENCE, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

17005  
27665

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9420.1

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1423

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VS JUL 10 1962  
JUL 5 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Marshall C. Blackburn

Licensed Embalmer No. 4713

P. O. Address Raytown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.